Substitute for form 1449A&B/PTO				Complete if Known		
INFORMATION DISCLOSURE				Application Number	10/045,632	
				Filing Date	October 26, 2001	
STATEMENT BY APPLICANT			ANT	First Named Inventor	Milberger, Susan M.	
				Art Unit	3693	
(Use as many sheets as necessary)				Examiner Name	Chandler, Sara M.	
Sheet	1	of	1	Attorney Docket Number	020375-000230US	

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
Initials	NO.	Number Kind Code ^{2 (Firrown)}	MM-DD-TTTT	Applicant or Cited Document	Figures Appear
	AA				

FOREIGN PATENT DOCUMENTS								
Examiner Initials*	Cite No.1	Fo Country Code ³	reign Patent De	ocument Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
	AB	FR	2728983	A1	07-05-1996			

NON PATENT LITERATURE DOCUMENTS						
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, dity and/or outurity where published.	T²			
	AC					

Examiner Signature	Date Considered	

EXAMINER: initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with nost communication to applicant.

*Applicant's unique caltaino designation number (polina). *Applicant is unique caltaino designation is attached.